



Hopes & Dreams Participant Worksheet

Your relationship with DCPS [Check all that apply]

☐ DCPS student

☐ DCPS school-based employee

☐ DCPS parent / family member

☐ DCPS central office employee

☐ community member

☐ DC Government employee

☐ business/non-profit community member

☐ DCPS prospective parent / family member

Your school, department or organizational affiliation: _____

Circle your Ward: 1 2 3 4 5 6 7 8

Question 1

Question 2

Question 3

Question 4

Question 5